PATENT APPLICATION FEE DETERMINATION RECORD								Application or Docket Number				
Effective October 1, 2004									10/516722			
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
				TYPE	Y 111 FS	OR		R THAN LENTITY				
TC	TAL CLAIN	ıs	7	(Column 1)			7	RATE	FEE	7		γ
FQI	₹		NUMBER	NUMBER FILED		MBER EXTRA	1	BASIC FEE		OR	RATE BASIC FEE	FEE
101	TAL CHARGE	ABLE CLAIMS	6 minus 20 = .				1	X\$9=	395	OR		
סאו	EPENDENT C	LAIMS	13	3 minus 3 = .			1	X \$ 44 =	}	OR	X \$ 88 =	
Мил	TIPLE DEPE	NDENT CLAIM	RESENT					+ \$ 150 =		OR	+ \$ 300 =	-
ıı	the differenc	e in column 1	is less than z	s less than zero, enter "0" in column 2				TOTAL	395	OR	TOTAL	
	,	CLAIMS AS	AMENDE				•	65 1.5	<u> </u>			
8	123/06	(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING		HIGH	ESY	PRESENT			ADDI]		ADDI-
		AFTER AMENDMENT	·	PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 8	Minus	" 2	2			X\$9=		OR	X\$18=	
	Independent	<u> 3 </u>	Minus	ب ع		3		X \$ 44-		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 150 =		OR	+ \$ 300 =	
JAM GColumn 1) (Column 2) (Column 3)							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
1	(**************************************						_					
AMENDMENT B	•	CLAMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 14	Minus	- 20) ,	• O	Ì	X\$9=		OR	X \$ 18 =	/
	independent	• 3	Minus	2	3	.00	ı	X \$ 44/=	X	OR	X \$ 88 =	Y-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+ \$ 150 =	<i>/</i> .	0R	+ \$ 3,90 =	
			,				_	TOTAL ADDIT. FEE		OR	YOYAL ADDIT, FEE	
_		(Column 1)		(Colum		(Column 3)	_			_		
AMEND		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	er Isly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	910			f	X\$9=		OR	X \$ 18 =	
	ndependent	•	Minus	***		-	ļ	X \$ 44 =		OR	X \$ 88 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ļ	\$ 150 =		OR	+ \$ 300 =	
						L	ب	TOTAL		OR L	TOTAL	
~ #	the "Highest Nu	mn 1 is tesa than I mber Previously P mber Previously P	aid For IN THIS !	SPACE la tes	a than "	20", enter "20".	,	ODIT. FEE		- 4	adom. Fee L	
ī	he Highest Nur	ther Previously Pa	id For" (Total or tr	ndependent) i	s the hi	o, emer or. Chest number four	nd in th	e eppropriate	bax to catumo	1.		